		· · · · · · · · · · · · · · · · · · ·	
La Madrid , Diego H.		FIL	ED
P.O. Box 500 (Address)		DEC	6 2007
Chino , CA 91708			
(City, State, Zip) P-98764 Elm Hall 1751ow		SOUTHERN DISTR	ISTRICT COURT ICT OF CALIFORNIA DEPUTY
(CDC Inmate No.)			
	•		22541983_\
			FILING FEE PA
	•		HPP MOTION FIL
117m:40	d States Distr	ict Count	YesNo
÷.			COPIES SENT TO
Sout	hern District of C	alifornia	Court
La Madrid , Diego H. ,)	
(Enter full name of plaintiff in this action.))'07 CV 2	434 JM NLS
	Plaintiff,) Civil Case	
	Flamini, .	<u> </u>	d by Court Clerk)
v.)	redne en e
California department of	-)	. ** 1 .1
Corrections and	,	· ·	nt Under the
Board of prison Hearings	,) Civil Rig	znis Aci C. § 1983
	,) 42 0.3.0	2. g 1903 ·
(Enter full name of each defendant in this action.)	•)	
	Defendant(s).)	
A. Jurisdiction		_)	
71. Garisticion			
Jurisdiction is invoked pursuant to	- , , , , ,		983. If you wish to
assert jurisdiction under different o	r additional authority, l	ist them below.	
	•		•
B. Parties			
1. Plaintiff: This complaint allege	es that the civil rights of	Plaintiff, La Mad	rid , Diego H.
	, who presently resides	at P.O. Box 500	0
Chino , Ca. 91708		(mailing addre	ss or place of confinement) Olated by the actions
of the below named individuals. T	he actions were directed		•
parole and continuing		03/2005 04/200	
(institution/place where violation occurred)		ount 1) (Count 2)	(Count 3)
2. Defendants: (Attach same informa	•	, , ,	, ,

₹ 1983 SD Form (Rev. 5/98) Defendant Board of prison Terms resides in Chula Vista, Ca.

(County of residence)

and is employed as a Commissioner (defendant's position/title (if any))

his/her XXindividualxx official capacity. (Check one or both.) Explain how this defendant was acting under color of law:

As commissioner of Board of Prison Terms (Hearing)

Defendant Ca Dept. of Corrections resides in California (County of residence)
and is employed as a . This defendant is sued in (defendant's position/title (if any))
his/her XXindividual XX official capacity. (Check one or both.) Explain how this defendant was acting under color of law:

Defendant Commicioner resides in California (County of residence) and is employed as a Commicioner of my board hearing his defendant is sued in XX his/herxx individual Xxofficial capacity. (Check one or both.) Explain how this defendant was acting under color of law Commitioner of my board hearing .

Defendant Parole officer David Tristamesides in Chula Vista (County of residence)

and is employed as a Parole officer This defendant is sued in (defendant's position/title (if any))

his/her xxindividualxx official capacity. (Check one or both.) Explain how this defendant was acting under color of law: He said in my board hearing that he went to my bank. My bank has not contacted me since so I do not know if I even have a bank account at this time. I have written to them 4 letter with no reasponce To this day after 6 different appeals still do not have my property that he has retained (making defence ahrd, nearly impossible)

C. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: 14th Amendment, 8th amendment, due process, freedom of cruel and unusual puni@hmeight to medical care, access to courts,

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 1.]

The reason for the retaining of me on parole "because I was in the hospital". This is for Penal Code 3001 (early release) after 13 with no violation and compling with all rules including D.O.M. (Dept. operational manual). I tried to get it in writing with no success. Every month my parole officer would change and the one that I would ask, would tell me that he/she could not. The O.D. (officer of the day) one time told me that reason above was the reason of why I did not discharge. That he could not give me anything in writing. So to this day I still do not have the whole story. I can not appeal what I do not have complete information about. All that I am say ing is fully documented, ineither my C-file or in the parole office in Chula Vista, parole officers, O.D.'s, and my girlfriend at the time which is an attorney. Her name Maritza Ramirez. All the names of the persons involed are listed in my file they C.D.C.R. have aneasier way access the the evidence.

I am following doctor recommendations yet if I do I do not get discharged. Evidence is in Bayview hospital and the V.A. hospital both in San Diego , CA. Also crissis house downtown S.D. (don't remember the name at this point , do know the location of it) Was in A sober living that once I got done in the hospital (V.A.) payment was done so go somewhere else to live.

I have had any and all imaginable problems since I got this (denied) of my early release. No 1th amendment rightto begin with. It seems to extend to C.D.C.R. if I keep up in the same issue and while the time is still (current) available to appeal.

MY APPEALS ON MEDICAL CARE: Right hand broken and has joind wrong (appeals in 3rd going to 4th but by that time damage will be done) and also all the other medical problems. Wrong psychiatric medications, continuing. All this in reception center PLATA, ARMSTRONG, COLEMAN which I am a member of.

\$ 1983 SD Form

Count 2: The following civil right has been violated:

Access to courts (E.g., right to medical care, access to courts.

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Document 1

Supporting Facts: [Include all facts you consider important to Count 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 2.] Have 2 apeals in this R.J.D.-1-07-01141 and R.J.D.-4-07-01079 which I just got a paper from the appeals coordinator saying it is a duplicate appeal . I wrote one as an E.O.P. in which as one and in 1 yard you can not mix with other inmates at all go to law library (I have request from librarian) dening me because she said to go in my yard time which I could not and can not have as an E.O.P. in the 1 yard. It seems futile to continue to send it once again to appeals coordinator since I already explained to him the circumstances that lead to this .The appeal is in the 4th (last level) but by the time I get an answer I will be out of prison . This is something that is on going and continueing at this time . While I was in the 4 yard I only got to go to the law library 5 times (I was there 1 week short of 6months) I have started to do this appeal from the middle of April of this year . I still hold some evidence C.D.C.R. holds the rest and with due diligence I can explain where this veedence is exactly . I can not get even some of it cause I do not have any money in my books . The dates for this start with my violation on 03/14/2007 . Will send you copies of my appeals that I sent to the appaels coordinator in R.J.D. (Donovan)

Count 3: The following civil right has been violated: Due process 14th amendment (E.g., right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 3. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 3.]

Penal Code 3057 does not give me work time creidts . It said nothing about behavior / conduct credits . I sent an appeal R.J.D.-4-0701855 about P.C. 3001 they answer with P.C. 3000. That was a 3084.7(h)by 15 CCR.

In appeal # R.J.D. 07-1800 I have a broken right finger and was an E.O.P at the time of this incident (not on correct medications) told them all the reason of the why , not anywhere . (medical appeals R.J.D.-4-07-01692 , R.J.D. -4-07-01893) So how or why would I start a fight in a cell (get a first 115 ever) if I have a broken Rigth hand. C.O. faragonas witness of my pain in right hand . This appealby 15CCR3084.7(b) (2) is final decision of department .

Inappeal # R.J.D.-1-07- 01141 sent to the Chief inmate appeals on 08/20/07 is about access to the courts (law library) they put it as duplicate to 07-1149. In this one an additional page that I put in (attached) disappeared, to this day nothing. I am asking for law library or assistance in writing an appeal to the board of prson terms also an on-goung problem. If you are in the mental health part of R.J.D. you get no help or access to the law library like any other building. This is of public interest if you can not appeal anything and by the time you do it it would be a moot case.

I am on my 6th appeal of my property. P.O. David Tristan has property of mine that could help me in my defence. Including addesses, glsses, personal property and money order (which now would be a 3084.7(e) lost or damaged personal property. (willsend you copies of just some of my efforts have a few in other different locations K.E. Thacher agent II the appeals coordinator in region IV) The last being a 1824 appeals form since it is a (glasses) A.D.A. subject. ARMSTRONG

Here in CIM I appeal a decision I get an answer that it is a duplicate (will send you a copy of this) The original form is a 1824~A.D.A appeal and they ask to send me a doctor again when I saw one less than 60~days from the time that I appealed (45~days afterwhen I started appeal, also as soon as I was transfered to my precent location) Nothing has happened in that time.

D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? 13 Yes 5 No. XXX

Pla	Parties to the previous lawsuit: intiffs:
De	fendants:
,	Name of the court and docket number:
(c)	Disposition: [For example, was the case dismissed, appealed, or still pending?]
(d)	Issues raised:
(e)	Approximate date case was filed:
(f)	Approximate date of disposition:
prop	Have you previously sought and exhausted all forms of informal or formal relief from the er administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee al Form 602, etc.]? **XYes : No.
-	your answer is "Yes", briefly describe how relief was sought and the results. If your answer lo", briefly explain why administrative relief was not sought.
.J.D 1692	. appeals #'s:1-07-01141 , all the rest start with R.J.D4-07-:01079 , 011800, , 01793 , 01893 , 01855 ,and others I will send you a copy of in- d (about condition , emergency ,ect)

Cas	Se 3:07-cv-02434-JM-NLS	Docume	nt 1	Filed 12/26/2007	Page 7 of 82
E. Reque	est for Relief				
Plaintiff	requests that this Court grant	the followi	ng reli	ef:	
•	1. An injunction preventing	defendant	(s):		•
		:			
	2. Damages in the sum of \$				
	3. Punitive damages in the s			•	
	4. Other:	,—		,	
					···································
F. Deman	nd for Jury Trial				
Plaintif	ff demands a trial by □ Jury □	1 Court (c	'hoose c	na)	
1 14111111		· Court. (C			
G. Cons	ent to Magistrate Judge Juri	sdiction		•	
filed in thi cases to m final judge	r to insure the just, speedy and is district, the Court has adopted agistrate judges to conduct all ment on consent of all the particular adistrict judge. The particulars.	ed a case as proceeding ties under	ssignm gs inch 28 U.	ent involving direct a uding jury or bench tr S.C. § 636(c), thus w	ssignment of these, ial and the entry of vaiving the right to
due to the a district w of civil cas that a distri will never	ourt encourages parties to utilize trial judge quality of the magis where the criminal case loads so ses. Consent to a magistrate juict judge be designated to decide all adation to the district judge as the control of the contr	trate judge everely lim dge will lik le dispositi non-dispo	s and to its the cely res ve mot ositive	o maximize access to availability of the dist sult in an earlier trial of ions and try your case, motions and will	the court system in trict judges for trial date. If you request , a magistrate judge
	ay consent to have a magistrate trial, and the entry of final jud				
Choose on	aly one of the following:			•	
Plai	intiff consents to magistrate ge jurisdiction as set forth	OR		Plaintiff requests that be designated to decipatters and trial in the	ide dispositive

AO 85 (Rev. 10/97 December 11, 1997) Consent to Proceed

United States District Court

SOUTHERN DISTRICT OF CALIFORNIA

La Madrid , Diego M.

v

Ca. Dept' of Corrections & Board of Prison Hearings

CONSENT TO PROCEED BEFORE A UNITED STATES MAGISTRATE JUDGE AND ORDER OF REFERENCE

CASE NUMBER:

CONSENT TO PROCEED BEFORE A UNITED STATES MAGISTRATE JUDGE

In accordance with the provisions of 28 U.S.C. 636(c) and Fed.R.Civ.P. 73, the parties in this case hereby voluntarily waive their rights to proceed before a judge of the United States district court and consent to have a United States magistrate judge conduct any and all further proceedings in this case, including the trial, and order the entry of a final judgment.

Plaintiff(8) Signatures	<u>Date</u>
People in same Class	
Lugo La Maduel	12/19/07
Defendant(s) Signatures	<u>Date</u>
$\mathbf{e}_{\mathbf{r}} = \mathbf{e}_{\mathbf{r}} \cdot \mathbf{e}_{\mathbf{r}} \cdot \mathbf{e}_{\mathbf{r}} = \mathbf{e}_{\mathbf{r}} \cdot \mathbf{e}_{\mathbf{r}} = \mathbf{e}_{\mathbf{r}} \cdot \mathbf{e}_{\mathbf{r}} \cdot $	
New Case #:	
ORDER OF REFE	ERENCE
IT IS HEREBY ORDERED that this case be referred	d to the Honorable
United States Magistrate Judge, for all further proces	
accordance with 28 U.S.C. 636(c), Fed.R.Civ.P. 73 a	and the foregoing consent of the parties.
•	
Date	United States District Judge

EXHIBIT COVER PAGE	
	ЕХНІВІТ
DESCRIPTION OF THIS EXHIBIT:	
NUMBER OF PAGES TO THIS EXHIBIT:	PAGES.
JURISDICTION: (Check only one)	· ·
CDCR Administrative Appeal California Victim Compensation And Government Claims Board	
Municipal Court Superior Court Appellate Court	
State Supreme United States District Court	N.
United States Circuit Court United States Supreme Court	

1260 -98764 EHITS P.O. BOX 600 ECEMBER 13, 7007 INMATE APPEAL BRANCH 1515 S STREET SACRAMENTO, CA. 45814 RE: 1AB# 07/2536 RJD-07-01793 MR. GRANNIS' TERRY CHRISTMAS AND DOCHAUE HAPPY NEW YEAR. I HADE ASK THE APPEALS COORDINA-TOR FOR COPIES OF GOT'S OR 1824'S WHEN I DUT AN APPEAL. BECAUSE I HAVE NO HONEY IN MY BOOKS I REQUEST AND INMATE LAW 21-BRARY WILL NOT MAKE A COPY UNLESS IT IS GOING TO THE COURST. I REQUEST A COPY AFTER EVERY LEVEL OF ANY APPEAC I SO. HERE IN C.I.H. IT HAS NOT BEEN SONE YET. THIS I BO TO KEED A RECORS. I HAVE BEEN A VIC-TIM OF EITHER LOST GOZ OR AN ATTACH LIEUT THE LAST 9 MONTHS. ONE OF THEM HAPDEN-TO BE ABOUT MY DERSONAL DROBERTY. ASK IN ONE WAY OR - BACK -

ANOTHER TRIES TO GET. NOW AFTER MY THE SAME REASON IS COR 3084.6(c). I DID DUT ADDEAC IN. I SID IT WITHIN TIME LIMITS. YET AFTER RECEIVING INFORMAL BACK AFTER BPH HEARING IT WAS LOST IN TITE INSTITUTIONING MAIL. IF YOU CONTACT MR. R.E. THACKER AGENT II IN REGION IV YOU COULS BET MORE DETAILS ON THIS ONE BECAUCE A MONEY ORSER OF \$ 200.00 WAS IN WALLET. MY GLASSES ALSO IN PROBERTY THIS AN 1824 ISSUE. AND THERE IS ACSO
EVIDENCE I NEED FOR MY APPEAR OF THIS
PAROLE REVOCATION, TO SEND TO THE COURTS. NOW THIS APPEAL - AS STATED IN APPEAL.
MOVEMENT TO CIM AND THE MAIL SYSTEM HERE I HAVE NO CONTROL OVER. MAIL HERE AT THIS POINT IS OVER 3 WEEKS. I DID FILL OUT AND SEND WITHIN THE TIME CONSTRAINTS FROM THE TIME I GOT MAIL. THIS ADDEAC WAS SENT FROM RIS TO HE TO CITY. THE TIME FOR THE DERIOS OF TRANSPORTATION IS NOT IN MY CONTROL. PLEASE REASURCH AND YOU WILL CONCUR WITH HE; IN THIS MATTER.
THIS APPEAR IS OF CER 3350 & 3355 INVOLVIA A COLEMAN AND ARMSTRONG INMATE. IN YOUR RESPONCE TO HE YOU SO NOT TELL ME MUCH A BOUT THE DAY YOU THINK (5128 >)

	I GOT THE MAIL. THE RECORD OF THIS WSTITU-
**************************************	TON MAIL SYSTEM BETWEEN RID AND CIM
	WILL SHOW HOW MUCHTHAE MAIL TAKES IN
	THIS CASE. SINCE IT WAS SENT TO HE VIA
7) 7)	INSTITUTIONAL HAIL.
***	KEQUEST: CHECK LENGTH OF TIME IT TAKE
	FOR MAIL TO 60 FROM RIS TO CIM VIA
	INSTITUTIONAL MAIL. CHECK RECORD OF
	APPEAR WITH HR. K.E. THACKER REGION IV,
	TO SEE AND UNDERSIAND DROBLEM OF MINE
	PRIOR TO THIS ONE OF INSTITUTIONAL MAIC.
	DOES THIS EXHAUST ADMINISTRATIVE REMEDIES
	SINCE DROBLEM IS STILL ON-GONG. (PCR 3350,
	3355) HOUR APPEARS COORSINATOR IN CITY
	MATICE CODIES OF 602 AND 1824 17 INDIATE
	REQUEST IF NO HONEY IN BOOKS.
	THANK YOU Sincerey Diego Jordan
	Sincery)
	Lego Jo Madri
	P.S.
	THANK YOU FOR THE ASSISTANCE AND IT 200K FORWARD TO RECEIVING A RESPONCE
	TO THIS LETTER.
· · · · · · · · · · · · · · · · · · ·	
	

(5188 3)

STATE OF CALIFORNIA -DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814 PO Box 942883 Sacramento, CA 94283-0001



December 6, 2007

LAMADRID, DIEGO, P98764 California Institution for Men P.O. Box 128 Chino, CA 91708

RE: IAB# 0712536 RJD-07-01793 MEDICAL

Mr. LAMADRID:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

An appellant must submit the appeal within 15 working days of the event or decision being appealed, or of receiving a lower level decision in accordance with CCR 3084.6(c).

N. GRANNIS, Chief Inmate Appeals Branch

Case 3:07-cv-02434-JM-NLS Docum	nent 1 Filed 12/26/200	07 Page 14	of 82
APPEAL FORM	Parole Region Log No. 1. 07-	-/ 193	ategory 8
You may appeal any policy, action or decision which has a sign ficant a committee actions, and classification and fall (epresentally edecisions, member, who will sign your form and state what action was taken. If documents and not more than one additional page of comments to the Afor using the appeals procedure responsibly.	you must first informally seek relief you are not then satisfied, you may	through discussion w ay send your appeal y	ith the appropriate staff with all the supporting
NAME A MAD RIS NUMBER D-9776 4	ASSIGNMENT NA		UNIT/ROOM NUMBER 4-20 -126
PLATA ARMSTRONG AS CONTINUES NO MATTER 180	ONOT TAKE ONTOMETRIST. LUE DEEP SERSO UST THEM. IN COLEMA OW MANY ME	DUAR APPO VIOLAT N; WHIC DICAR S	DEM. DRIVATE TON OF CH JUST LIPS OR
INMATE REQUEST I AUT IN. If you need more space, attach one additional sheet.	WITH 1824: 14	AND, AllERGIE	s, * Psych.
B. Action Requested: TO KNOW SOW MU SID PUT BACK ON BOOKS. P.O.	CH CHARGE TO		TF you 1ETRIST.
ALSO Al'ERGY(S) THAT SON'T GO AWA Inmate/Parolee Signature: UGO DO 1/4	LA GORBHY MES	Date Submitted:	7/5/07
C. INFORMAL LEVEL (Date Received: JUL 1 7 2007) FOR Staff Response: WAS COMPUTED FOR OPTOMETRY!		CRIBEN BO	11, A REFE
ALLERGY MEDICATION. IN ORDER TO	DISAUTE CHARGE	5, YOU NEED	> TO PROVIDE
NO REQUESTS FOR HEALTH CARE SERV	SUPPLY MURE IN VICES WAS LOCATED MIT TO MENTAL HE	IN YOUR ME	
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Consubmit to the Institution/Parole Region Appeals Coordinator for process ALEUGY MEDIC ATTOMS DOCTOR SATE ENDING	npleted CDC 115, Investigator's Rep	esponse.	ono, CDC 128, etc.) and
YEARS. TO CE-FILL ALL ALLERBY MESICA	MONS' TILL RELEAS	E. ASSO FIX	RIGHT INDEX
	NAVE ENSES WITH A	•	EEB RIGHT ON
Signature: ACO Tollocated Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC 15, Impacts Claim	PECEIVED	Date Submitted	7/24/07 Appeal Number:
Board of Control form BC-1E, Inmate Claim	OCT 31 2007	0	7-1792

HMAIE APPEALS
BRANCH
BRANCH

Case 3:07-cv-02434-JM-NLS Document 1 First Level Granted P. Granted Denied Denied	Other
E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned:	SEP 0 7 2007
Interviewed by: PER PATIENT PROFILE, YOU HAN	
AND PSYCH MEDS FOR 90 DAYS. YOU HA	
RALBASE DATE FOR PRESCRIPTION REPLEWALS, PE	
A HEALED FRACTURE AND YOU ARE CUI	PRENTLY PRESCRIBED PAIN
MEDICATION, IF YOU HAVE BACK PAIN CO	SMPLETE A HEALTHCARE SERVICES
REQUEST FORM TO BE SEEN BY YOUR F	
WA 8hlor WITH A PSYCHIATRIST AND 7/26	OT WITH A PSYCHOLOGIST
Staff Signature: Title:	Date Completed: 8-14-07
Division Head Approved Title:	Returned AUG 1 6 2007 Date to Inmate:
F. If dissatisfied, explain reasons for requesting a Second-Level Review, and sub	bmit to Institution or Parole Region Appeals Coordinator within 15 days of
receipt of response. GRANTED - WELL, IN COMPLETE E PEL X-RAY 8/9/07 STILL BLOKEN. FEW SYM/OMS BUT	
OF BALANCE, DIZZINESS, LIGHT HEADED, FROM VELY,	
GIVING REAL TROUBLE. VIOLATION STILL OF PLATA,	
MESICATION ASSITEAT, STRESS, POOR AIR FLOW, WEES HE	
Signature: 1000 O Moone	Date Submitted: 8/26/07
Second Level Granted P. Granted Denied C	Other
G, REVIEWER'S ACTION (Complete within 10 working days): Date assigned:	AUG 2 2 2007 Due Date: SEP 2 0 2007
M See Attached Letter	
Signature: M. STOUT W. ACT	01 Date Completed: 9/21/07
Warden/Superintendent Signature:	Date Returned to Inmate: SEP 2 5 2007
H. If dissatisfied, add data or reasons for requesting a Director's Level Revieresponse. Granted: All issues that are in15	ew, and submit by mail to the third level within 15 days of receipt of CCR 3355 on intake nottaken care of!
Please send me a copy back. Right index	and the control of th
issues all on both examination that wher	e taken in R.J.D. (see medical file)
Both physical &mental parts. Still not s	table orissusestaken care of. (include
CCR Article 9) Movement to CIMhasmaillat	e, health care now in different insti-
tution, medication not successfulas exten	sive history on different particular
medications/1 take outside, Having some	bad reaction(rash) not being treated.
They allhave their own ideas Signature:	
	Date Submitted: 10/25/07
For the Director's Review, submit all documents to: Director of Corrections	Date Submitted: 10/25/07
For the Director's Review, submit all documents to: Director of Corrections P.O. Box 942883	Date Submitted:
For the Director's Review, submit all documents to: Director of Corrections	Date Submitted:
For the Director's Review, submit all documents to: Director of Corrections P.O. Box 942883 Sacramento, CA 94283-00 Attn: Chief, Inmate Appeals	Date Submitted:
For the Director's Review, submit all documents to: Director of Corrections P.O. Box 942883 Sacramento, CA 94283-00	Date Submitted:

State of California

Department of Corrections and Rehabilitation

Memorandum

Date:

September 21, 2007

To:

LaMadrid, D.

P98764

Richard J. Donovan Correctional Facility at Rock Mountain

Subject: SECOND LEVEL APPEAL RESPONSE

LOG NO.:

RJD-07-01793

APPEAL ISSUE:

It is the appellant's position that his medical/mental condition has not been properly diagnosed, which has led to pain to his hand, allergies and mental health concerns.

The appellant's appeal has been responded to at the Informal and First Level of Review, which resulted in granted decisions. He has been medically evaluated for his complaints on a continuous basis at the Richard J. Donovan Correctional Facility, and has received approximately 19 prescriptions for his conditions.

The appellant's argues that his condition is not improved and is requested proper medication to correct his concerns.

INTERVIEWED BY: Waived in accordance of California Code of Regulations (CRC) Section 3084.5 (f) (2)

REGULATIONS: The rules governing this issue are California Code of Regulations (CCR), Title 15, Sections:

CCR 3350 – Provisions of Medical Care and Definitions CCR 3355 – Health Care Examinations

APPEAL RESPONSE:

A review of the "Effective Communication List for Inmates With Test of Adult Basic Education Reading Scores of 4.0 or Less" reveals that the inmate does not require assistance in order to achieve effective communication.

On September 10, 2007, the appellant had transferred to the California Institute for Men, where further medical treatment and evaluations can be performed.

APPEAL DECISION: The appeal is granted the Second Level of Review.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.

Silvia H. Garcia

Chief Deputy Warden

California Department of Corrections and Rehabilitation Richard J. Donovan Correctional Facility at Rock Mountain

Case 3:07-cv-02434-JM-NLS paper PROFIL ded 12/26/2007 Page 17 of 82 Includes Current Prescriptions as of 08/08/2007

**********	*************	*****
P-98764 LAMADRID, ALLERGIES:	DIEGO CURRENT UNIT: DOB: / / HT: ft in	B20-126L WT: 0
START Rx/Qty		STOP
07/11/2007 924468		10/09/2007
	TRIAMCINOLON 0.1% CR 80GM SILVA, JASON APPLY TO AFFECTED AREA TWICE DAILY AS NEEDED	10/09/2007 B20-126L
07/11/2007 924480 NG 0	•	10/09/2007 B20-126L
· · · · · · · · · · · · · · · · · · ·	SELENIUM SULFIDE 2.5% LOT SILVA, JASON APPLY AS DIRECTED RR	10/09/2007 B20-126L
07/24/2007 930679 ABB 1	ARTIF TEARS OPH SOLN 15ML SHUTE, GARY INSTILL 1 DROP TO EACH EYES EVERY 3HRS RR	
08/03/2007 935024 LB 1	ALBUTEROL SULFATE HFA INH LEHV, LEVI 2 PUFFS EVERY 4-6HR AS NEEDED RR	11/01/2007 B20-126L
08/03/2007 935026 LB 1		11/01/2007 B20-126L
08/03/2007 935028 LB 30	OMEPRAZOLE 20MG LEHV, LEVI TAKE 1 CAPSULE DAILY AR	11/01/2007 B20-126L
08/03/2007 935030 LB 60	ACETAMINOPHEN 325MG LEHV, LEVI TAKE 2 TABLETS EVERY 4-6 HOURS AS NEEDED RR	
	FLUNISOLIDE NASAL SPRAY LEHV, LEVI 2 SPRAYS TO EACH NOSTRIL TWICE A DAY (MAX 1 BOT/90)	
08/03/2007 935035 LB 30	TAKE 1 TABLET DAILY AR	11/01/2007 B20-126L
08/03/2007 935036 LB 1	HYDROCORTISONE CR 1% 30GM LEHV, LEVI APPLY TO AFFECTED AREA TWICE DAILY RR	11/01/2007 B20-126L
08/03/2007 935038	DOCUSATE SODIUM 100MG LEHV, LEVI TAKE 1 CAPSULE DAILY AR	11/01/2007
08/03/2007 935039 LB 45	METHOCARBAMOL 750MG LEHV, LEVI TAKE 1 TABLET 3 TIMES DAILY AR/15D	11/01/2007 B20-126L
08/07/2007 937011	VALPROIC ACID 250MG RAMSEY, H. 4 PO QPM AR	11/05/2007

PRINTED: 08/08/2007

. Case 3:07-cv-02434-JM-NLS parchimental properties as of 08/08/2007 Page 18 of 82 Includes Current Prescriptions as of 08/08/2007

P-98764 LAMADRI ALLERGIES:	**************************************	DOB: /	/	CURI		************** : B20-126L WT: 0
START Rx/Qt				PHYSIC		STOP
08/07/2007 93701	3 SERTRALINE 1001 0 1 PO QPM AR			RAMSE		11/05/2007 B20-126L
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PRINTED: 08/08/2007

PAGE 2

INMATE APPEAL ROUTE SLIP

To: APPEALS Date: August 22, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01793 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: MEDICAL Due Date: 09/20/2007

Special Needs:

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator Richard J. Donovan Correctional Facility

INMATE APPEAL ROUTE SLIP

To: MED Date: July 27, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-01793 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for FIRST level response.

Appeal Issue: MEDICAL Due Date: 09/07/2007

Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator
Richard J. Donovan Correctional Facility

DEPARTMENT OF CORRECTIONS AND REHABILITATION PAROLE REGION IV HEADQUARTERS OFFICE OF THE APPEALS COORDINATOR 21015 PATHFINDER ROAD SUITE 200 DIAMOND BAR, CA 91765 (909) 468-2300



August 24, 2007

To: La Madrid, Diego P98764

Richard J. Donovan Correctional Facility

P.O. Box 799006

San Diego, CA 92179-9005

Mr. La Madrid,

I am in receipt of your letter requesting your informal level response and property. I do not receive copies of the informal level responses. Your response should be sent directly to you from the parole office. In addition, you have not told me who took your property. The only information you have provided is that US Customs took your property, so why do you assume that the parole agent has your property. You have failed to provide me with the information I have requested.

The parole office will not send your property to R&R. If they have your property it will be returned to you upon your release. I sent you the address to contact US Customs on June 5, 2007 regarding disposition of your property. Have you attempted to contact them? With the information you have provided me, that your property was taken by the Border Patrol, there is no further assistance I can give you. You need to contact US Customs at the address I provided you with on June 5, 2007

US Customs and Border protection 610 W. Ash Street Suite 1200

San Diego, CA 92101

K.E. Thacker

Parole Agent II, Appeals Coordinator

Region IV Parole Headquarters

Parge 22 of 82

State of California CDC FORM 695 Screening For:

AUG 2 1 2007

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764 RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Your appeal has been forwarded to Chula Vista I for an informal response.

Appeals Coordinator Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

Case 3:07-cv-02434-JM-NLS

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

Document 1

Filed 12/26/2007

Page 23 of 82

DEPENTA

INMATE	/PAROLEE
APPEAL	FORM

Lecation: Institution/Parole Region

Log No.

Category

CDC Appeal Number:

Vou may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 15s, classifican committee actions, and classification and staff representative decisions, you must first informally selve regilet through discussion with the appropriates member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeals with all the support documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be ta for using the appeals procedure responsibly. Application
A Describe Problem: HADS AZEARY SENT GO? AE PETULUES (B.O.: TRIST THE DAY OF BPT. NEARME. SENT TO AMBERS: COORDINATO NAMENOT HEARD SINCE THAT WAS 1/23/04. HONSY ORSER OF 200.— BLASSES, WALEY DESONAL PADELS. 3074. SINCE GWER ZOO.— HE TRISTAN SANS DUT IN GUILLAGE HIS OFFICE IS IN CHULA VISTA. DR CAUGH ME ADSLEST OF CA INMATE APPENS OF SEPTILITIENT OF CORPECTIONS If you need more space, attach one additional sheet. B. Action Requested I'M PROJECTY FROM PD. TRISTAN. WHILE, CLASSES' MINEY ORSER EXCESS OF ZOO.— SERSONAL DROVERNA, TO COM IN THEOUGH. REALLY ANY ANY ONLY ELSE NO DESTITUTION EIN NOW I SO HAVE A PROJECTIVE WORLDOWN. AT TIME I SING.
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If you need more space, attach one additional sheet. B. Action Requested My projectly from PD. TRISTAD. WHILET GLASSES MINELY ORDER EXCESS OF ZOO. T. SCREENAR DROBERTY TO COMMUNICATION ALLEGATION ON SIMPLED OF A PROJECT REVOCATION. AT TIME I SIND TO COMMUNICATION IN THE ANALYSING PROJECT AND A TIME I SIND TO COMMUNICATION.
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MONEY ORDER EXCESS OF ZOO. T. SCREANER PROPERTY. TO COM IN THEOUGH RER LIKE ANYONE ELSE NO DESTITUTION EIN NOW I SO HAVE A PROOFE RENOCHTON AT TIME I SISN'T.
Inmate/Parolee Signature: Date Submitted: D/R/O") C. INFORMAL LEVEL (Date Received:) Staff Response:
Staff Signature: Date Returned to Inmate:
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) a submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.
Signature:

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, **P98764** RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

This is not an ADA appeal; this is a duplicate appeal of the issue forwarded to Chula Vista I for an informal response.

Appeals Coordinator Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

REASONABLE MODIFICATION OR

ACCOMMODATION REQUEST

Filed 12/26/2007

Page 25 of 82

STATE OF CALIFORNIA

INSTITUTION/PAROLE REGION: |L

LOG NUMBER: CATEGORY:

REDEPARTMENT OF CORRECTIONS

JUN 2 5 200

18. ADA

CDC 1824 (1/95)

REGION!

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

REGION IV APPEALS

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under/the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)

CDC NUMBER ASSIGNMENT HOURS/WATCH HOUSING
F4-70-726 L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

the CDC 602.
MODIFICATION OR ACCOMMODATION REQUESTED
DESCRIPTION OF DISABILITY:
PERSON WITHIN 42 U.S.C. HAUS DISABILITES MENTAL MYDERMANTS TOTAT
SUSTANTIALLY LITT MATOR ALEAS OF LIFE ACTION DES. WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
DESCRIPE THE PROPERTY
DESCRIBE THE PROBLEM:
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WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?
PATIENT ASUCIATE ATTOREY OR WHOEVER CAN HELD ME GET MY PROPERTY
BACK? BOTTOM LINE MY DADDERTY THROUGH REL AS IF COMING IN NO
PARCIE VIOLATIAN VETI
Sees tamorful 6/10/07
HMATE/PAROLEE'S SIGNATURE DATE SIGNED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95)

REVI	EWER'S ACTION	
TYPE OF ADA ISSUE	DATE ASSIGNED TO DATE DUE:	REVIEWER:
PROGRAM, SERVICE, OR ACTIVITY ACCESS (N Auxiliary Aid or Device Requested Other	Not requiring structural mo	dification)
PHYSICAL ACCESS (requiring structural modification	tion)	
DISCUSSION OF FINDINGS:		· · · · · · · · · · · · · · · · · · ·
		WHO CONDUCTED INTERVIEW
DATE INMATE/PAROLEE WAS INTERVIEWED DISPOSITION	PERSON	WHO CONDOCTED INTERVIEW
GRANTED DEN	IED PAR	RTIALLY GRANTED
NOTE: If disposition is based upon information provided be provided. If the request is granted, specify the process by the pro	y other staff or other resolution or a	urces, specify the resource and the information accommodation will be provided, with time
frames if appropriate. DISPOSITION RENDERED BY: (NAME)	TITLE	INSTITUTION/FACILITY
	APPROVAL	1
ASSOCIATE WARDEN'S SIGNATURE	DATE SIGNE	ED ·
DATE RETURNED	TO INMATE/PAROLEE	

STATE OF COLLIFORNIA-YOUTH AND ADULT CORRECTIONAL AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF CORRECTIONS
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2394

RECEIVEDJUN **2 5** 2007



REGION IV APPEALS

June 5, 2007

To: La Madrid, Diego #P98764

Richard J. Donovan Correctional Facility

P.O. Box 799006

San Diego, CA 92179-9005

Re: Property

Mr. La Madrid.

I received the copy of the letter you mailed regarding your request for information regarding your property, your wallet, glasses and other items not specifically mentioned. You mention that your property was taken by Customs. US Customs is not under the jurisdiction of the Division of Adult Parole Operations and I am unaware of their procedures regarding personal property.

Were you transported to a county jail facility by Customs? If so, did your property accompany you? Did the Custom's Agent ask you what you wished to have done with your property? With the information you provided, it seems as though Customs had control of your property and you need to contact them regarding the location and or disposition of your property.

In addition, this office does not have a record of a CDC 602 Inmate/Parolee Appeal for you regarding your property issue.

K.E. Thacker

Parole Agent II, Appeals Coordinator

Region IV Parole Headquarters

RECEIVED 937y (Plage 28 of 82 P98764 MAY 3 0 2007 REGION IV APPEALS MY CROSSING 60 ORME HOW RESPONSE OF 1tzARING THE DESIPONSE SENT 4-23-07

Case 3:07-cv-02434-JM-NLS

ON 1824	HAS RU	IN OUT OF	TIME.	P.O.
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CIM

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

November 16, 2007

LAMADRID, P98764 RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Failed to meet time limits.

There has been too great a time lapse between when the action or decision occured and when you filed your appeal, with no explination of why you did not, or could not, file in a timely manner. Per CCR 3084.6(c) Appealent must submit the appeal within 15 working days of the event or decision.

Mr. LaMadrid,

You first appeal received on this issue was on June 25, 2007. You were arrested on March 15, 2007. The time limits for filing an appeal have expired. As stated at the informal level, you will receive your property when you are released.

Appeals Coordinate Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

APPEAL ROUTING SLIP MIEH 178

	Date: 10/18/07
	Parolee/Inmate Name: La Madr. 2 CDC#: 798764
,	Log#: MIA
	TO: RECEIVED NOV 1 4 2007 REGION IV APPEALS Appeals Coordinator
	Parole Complex Appeal Representative
	Agent of Record
	Case Records South
·	FROM: K. Thacker, Region IV Parole Appeals Coordinator 21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765 Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337
	Please assign to staff for review atlevel response.
	Please route original response to inmate/parolee.
	Copy attached for C-File.
	☐ Copy attached for your records.

STATE OF CALIFORNIA—YOUTH AND ADULT CORRECTIONAL AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF CORRECTIONS AND REHABILITATION PAROLE REGION IV HEADQUARTERS OFFICE OF THE APPEALS COORDINATOR 21015 PATHFINDER ROAD SUITE 200 DIAMOND BAR, CA 91765 (909) 468-2300

RECEIVED

NOV 1 4 2007



October 17, 2007

To: La Madrid, Diego P98764 California Institution for Men P.O. Box 500

P.O. Box 500 Chino, CA 91708

Informal Response

Mr. La Madrid,

I am in receipt of your CDC 602 requesting your informal level response and property. The Region IV Appeals Office does not receive copies of the informal level responses. I contacted your assigned parole agent, Agent Lamar and was informed that he responded to your appeal and sent the response to you at RJD. The parole unit did not have a copy of the informal level response. Agent Lamar stated that your property is currently at the parole office. According to the inventory receipt that was completed by Agent Tristan, the property includes your glasses and the \$200 money order. The property is sealed and has not been opened.

The parole office will not send your property to the Institution. You property is at the Chula Vista Parole Complex and it will be returned to you upon your release. Another option you have is to write a letter to you agent instruction, him to release your property to a family member. You can have the designated family member report to the Chula Vista I Parole Unit and with proper identification; your property can be released to that individual.

I contacted R&R at CIM on October 17, 2007 and was informed that they would not accept your property and it would be returned to the parole office. The only property R&R will accept is parole dress outs 30 days prior to your release. I was also informed that in order to get glasses sent in to the institution, you would need to be seen by medical and given a prescription. You could then send the prescription out to your family and they could purchase a pair of glasses and have them sent to the Institution.

6:M0

K.E. Thacker

Parole Agent II, Appeals Coordinator

		E II prov po pos	i A mary	
- STATE OF CALIFORNIA RECEIVE	D	Parole Region Log No. 1	4 2007 DEPART	MENT OF CORRECTIONS
INDIATE (DADOLEE	Location: Institution			tegory
APPEAL FORM OCT 1 2 20	1	REGIONIV	APPFALS _	
CDC 602 (12/87)	PEALS 2	2		
You may appeal any police EGION IV API	hich has a significant	adverse affect upon you. With the ex	ception of Serious CD	C 115s, classification
member, who will sign your form and state wi	nat action was taken.	f you are not then satisfied, you ma	inrough discussion wit by send your appeal w	th the appropriate staff
documents and not more than one additional pa for using the appeals procedure responsibly.	ge of comments to the	Appeals Coordinator within 15 days o	of the action taken. No	reprisals will be taken
NAME	NUMBER	ASSIGNMENT		UNIT/ROOM NUMBER
La Madrid , Diego H.	P-98764	NA		MIEH 175
A. Describe Problem: This is a 1824	appeal becaus	e of my glasses that a	re in the prop	
the time of the arrrest. This	is the 5th tr	y. Have been in commun	ication with	the appeals
coordinator of region IV head				
dinator regarding this issue.				
gone bymaking it a 3084.7(e) l				
200.00 from a post office.		LASSES PUT ME IN ARMSTE		
BE A 1824 appeal form. Any qu	lestions about	it call Attory A. manr	ila at KUSEN,	BIEN & GALVAN
Tel. (415) 433-6830.				
If you need more space, attach one additional si	heet.		•	
Please send m	ne a conv and o	give me an update of th	ne previous 60	2 on this same
matter. If you do/can get my p	property for it	t to be mail to me here	at CIM; or	to R & R .
	·			
Inmate/Parolee Signature:	H M	roluol	Date Submitted:	10/10/07
C. INFORMAL LEVEL (Date Received: 101	12/07 1			
Staff Response: Partially (excepted -	work & acome	يه (۲۵۵	
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)			
Staff Signature:	<u> </u>	Date	Returned to Inmate: ,	10/18/07
D. FORMAL LEVEL				
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supp	porting documents (Cor	npleted CDC 115, Investigator's Repo	ort. Classification chro	no. CDC 128, etc.) and
submit to the Institution/Parole Region Appeals	Coordinator for proce	ssing within 15 days of receipt of res	sponse. Partially	granted: NO
l) Up to now answer about my g	lasses will not	be for appox. 4 to 6 me) 2) Money U	rder from Post
Office are no good after a year				
ofparole revocation. 4)Daughter's	address(in IR/	(Q) in property. So figur	re out some wa	y to get it done
There must be another way/pers	on that can do			
these have solutions.	Moo	rich SEND HE COPY.	Date Submitted:	10/20/07
Note: Property/Funds appeals must be accompa	nied by a completed			appeal Number:
Board of Control form BC-1E, Inmate Claim				

	_ ^	4	П 0 Č			Denied		□ (Other _						
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receipt of resp	onse.					gi⁄a €.			4.1	g vysk					V
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DIRECTOR'S AC		⊒ Grante	ed (C	P. Gr	anted	<u>نا</u> د	Deni	• DG		Other				1.5	
CDC 602 (12/87)												Date:		<u> </u>	

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RECEIVED NOV 1 4 2007

REGION IV AFFERE

RE: Screening at the FIRST Level

September 11, 2007

LAMADRID, P98764

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

Mr. LaMadrid.

Thank you for the information stating that your prior parole agent informed you that he has your property. This is a CDC 602 issue and not an ADA issue. Your appeal from June 26, 2007 was forwarded to the parole unit for an informal response. This is a duplicate appeal issue. I will contact the parole unit to inquire when your previous appeal was completed. If you are dissatisified with the informal level response please complete section D and return the appeal to Region IV Headquarters.

Appeals Coordinator Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

STATE	OF	CALIFORNIA
O1715	Ψ.	Undi Olillin

REASONABLE MODIFICATION OR **ACCOMMODATION REQUEST** CDC 1824 (1/95)

DEPAR	RTMENT OF CORRECTION
INSTITUTION/PAROLE REGION: LOG NUMBER:	CATEGORY:
RECEIVED RECEIVED	18. ADA

NOV 1 4 2007

RECEIVED

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES REGION IV APPEALS

SEP 1 0 2007

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

REGION IV APPEALS

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
1 T 19/TOKIA, Duy	7-7010/	1014	l	79-20-12620

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOM	MODATION REQUESTED
DESCRIPTION OF DISABILITY:	
WITHIN 42 U.S.C. 12102 APMSTRONG	Colicara
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Diego Homadriol	SEAT 2, 2007
INMATE/PAROLEE'S SIGNATURE	DATÉ SIGNED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95)

		REVIEWER'S ACT	ION	
TYPE (OF ADA ISSUE	DATE ASSIC DATE DUE:	GNED TO REVIEWER:	
	PROGRAM, SERVICE, OR ACTIVITY	' ACCESS (Not requiring struc	ctural modification)	
, ,, ,,,,	Auxiliary Aid or Device Reque	ested		1
	Other_		<u> </u>	
	PHYSICAL ACCESS (requiring structu	ural modification)	- Weight	
DISCUS	SSION OF FINDINGS:			
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_	NMATE/PAROLEE WAS INTERVIEWED SITION GRANTED	D DENIED	PERSON WHO CONDUC	
BASIS (OF DECISION:			
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orovided	If disposition is based upon information d. If the request is granted, specify the p if appropriate.	n provided by other staff or ot process by which the modifica	her resources, specify the ation or accommodation t	e resource and the information will be provided, with time
DISPO	SITION RENDERED BY: (NAME)	TITLE	INS	STITUTION/FACILITY
		APPROVAL	1	
ASSOC	IATE WARDEN'S SIGNATURE	DAT	E SIGNED	
	DATE	RETURNED TO INMATE/PA	ROLEE	

CDC 602 INMATE APPEALS SCREENING FORM

To: Lamadrid CDC#: P98764 Housing: MIST	LITSU Appeal Log#:				
YOUR APPEAL IS BEING RETURNED TO YOU FOR THI	E FOLLOWING REASON(S):				
□ The action or decision you are appealing is not within the jurisdiction of CDC. (CC the BPH 1040 appeal process is no longer utilized. Issues concerning due prevocation, attorney or witness requests, early discharge, or good cause finding types of appeal issues may now be forwarded to the courts asking them □ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit eligible rules of law may be addressed via a letter to the BPH Quality Control Unit, PC □ You may submit a GA-22 Request for Interview Form to the BPH Trailers at the	process, grant or denial of parole, parole is for hearings cannot be appealed. These to change the BPH action or decision bility during revocation terms, or other BPH D Box 4036, Sacramento, CA 95812-4036 in RCE Facility.				
You have already submitted an appeal on this same issue. CCR 3084.3(c)(2).	im-m-07-01416				
You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3(c)(3)				
 You have not attempted to resolve your grievance at the Informal Level. CCR 30 □ Counselor □ Work Supervisor □ Unit Sergeant/Lieutenant □ I/M Assignment Office □ Employee who inventoried prope 	& Release				
CDC-7362 (Health Care Request) & Trust statement with co-pay charge CDC-128G Clas	☐ All CDC-837 Incident Reports 28G ICC/UCC Action ☐ Current Trust Statement 28B General/128C Med/Psych/Dental				
☐ You failed to file your appeal within 15 working days of the event or decision. The	appeal is rejected. CCR 3084.3(c)(6)				
☐ This issue has been addressed already. See attached correspondence. CCR 30	84.2(g)				
☐ You are abusing the appeal process. Your appeal is therefore rejected/cancelled ☐ Excessive filing CCR 3084.4(a) ☐ Inappropriate statements CCR 3084.4(b) ☐ Voluminous unrelated documentation, CCR 3084.3 (c)(8) ☐ Lack of coopera	☐ Excessive verbiage CCR 3084.4(c)				
☐ You are not authorized to submit an appeal on behalf of another inmate(s). CCR	3084.3(c)(7)				
☐ This appeal was resolved at a lower level. If you disagreed with the decision, received your appeal to file at a higher level. CCR 3084.6(c)	you had 15 working days from when you				
☐ Submit your request on a CDC-7362 (Health Service Form) and send it to the Me	dical Department for an appointment.				
☐ A limit of one continuation page, front and back, may be attached to the ap requested in section A and B of the form. CCR 3084.2(a)(1)	peal to describe the problem and action				
You have failed to demonstrate an adverse effect on your welfare. CCR 3084.1(a					
Remark(s)					
	region v appeals				
☐ Please correct the indicated problems and return your appeal.	Screened Out # / Date: /0/4/07				
Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation on your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)	J. Ciny SIA				

Case 3:07-cv-02424 JM NLS Document 1 Filed 12/26/2007 Page 39 of 82
RECENED
INMATE/PAROLEES OCT 0 4 2007ocation) Institution/Parole Region Log No. NOV I 4 2009ategory 8 med APPEAL FORM CDC 602 (12/87) To Cim.m07-101+16
You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.
MADRID DUBER 8764 ASSIGNMENT NA WICHBW12
A. Describe Problem: SUBMITTED 1824 FOR GLASSES, RECEIVED NOTIFI - CATION OF SUSPENDED STATUS DATED 9-21-07. SAW THE
OPHTHALMOLGY LESS THAN 60 DAYS AGO ON 7-24-07 IN
COLLIER, MESICAL APPEARS AWALYST IN C.I.M. EYE SIGHT CAN
NOT CHANGE MUCH IN TIME THAT HAS DAST. I AM DARTOO
COLEMAN AND ARMSTRONG.
If you need more space, attach one additional sheet.
B. Action Requested: YOU HAVE THE RESOLTS OF TEST IN R.J.D., GET ME THE GLASSES. RATSE SUSPENDES 1824, CONTINUE TIME CONSTRAINTS.
MALE ACORY FOR ME. SEND OLIGINACS WHERE SUPPOSE AND SEND ME
THE COPY. // //
Inmate/Parolee Signature: Date Submitted: \$\frac{\chi}{25}\frac{10}{07}
C. INFORMAL LEVEL (Date Received:)
Staff Response:
DUPLICATE APPEAL
·
Staff Signature: Date Returned to Inmate:
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.
DUPLICATE APPEAL
Signature: Date Submitted:
Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

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INMATE CDC1824 APPEAL NOTICE OF SUSPEND STATUS

RECEIVED NOV I 4 2007

Date: 9-21-07

REGION IV APPEALS

CDC#: P98764 LAMADRID Name:

Appeal Log #: CIM-M-07-1416. Orig. Due Date 10-03-07

You have submitted a CDC1824 Inmate/Parolee Request for Reasonable Accommodation. Per the Armstrong Remedial Plan Section I.23.C -Medical Verification Process, appeal time limits have been suspended. The original due date is no longer valid for this appeal and will be recalculated after your consultation takes place. You will receive notice from the Institutions Appeals Coordinator of the new due date. Your treating physician has referred you to an expert consultant for:

X Verification of disability and/or need of requested device: (GLASSES) For evaluation with the **OPHTHALMOLOGY** specialist.

at CIM-MSF Consult Clinic in approximately 4-6 WEEKS.

Please be advised that referrals to specialists for on-site care are made in order of receipt and are held in the CIM MSF Consult Clinic. You are expected to cooperate with all efforts to verify your claimed disability. Your failure to cooperate will result in your appeal being cancelled. The rule governing this is Title 15, Section 3084.4 (d) - Lack of Cooperation.

COMMENTS: FOR YOUR CONVENIENCE, READING GLASSES MAY BE OBTAINED IN THE CANTEEN OR CLINIC. MAGNIFIED READERS ARE AVAILABLE FOR USE IN THE LIBRARY

C. Collier, Medical Appeals Analyst California Institution for Men

Orig Inmate cc: Inst. Appeals Coordinator Medical Appeals Analyst



State of California CDC FORM 695 Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 29, 2007

LAMADRID, P98764

RJD

20-1266

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Mr. LaMadrid,

Your appeal has been forwarded to the Chula Vista 1 parole unit for an informal level response.

Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

APPEAL ROUTING SLIP

Date: 8/29/07
Parolee/Inmate Name: La Maliz CDC#: P987661
Log#: MIA
TO: Unit Supervisor - Cumla Vista I
Appeals Coordinator
Parole Complex Appeal Representative
Case Records South
FROM: K. Thacker, Region IV Parole Appeals Coordinator 21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765 Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337
Please assign to staff for review at Nevel response.
☐ Please route response to inmate/parolee.
☐ Copy attached for C-File.
☐ Copy attached for your records.
Return completed response to appellow at R50 within 10 deeps.

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					end your appeal with all the supporting action taken. No reprisals will be taken
for using the appeals proced		ige of comments to the	a wabaara cool dinator o	within 15 days of ti	ie action taken. No reprisals will be taken
NAME,		.NUMBER	ASSIGNMENT	.1	UNIT/ROOM NUMBER
LAMADRID,	Deego	W-48764		<u>NA</u>	4-20-126
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DO MITTAL INTI					3075 1 & ACTIONS 9
Inmate/Parolee Signature:	100	0 15/11	<u> </u>		Date Submitted: 8/26/07
C. INFORMAL LEVEL (Date	Received:) .			
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Staff Response:				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
					
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Staff Signature:				Date Ro	eturned to Inmate;
D. FORMAL LEVEL					
If you are dissatisfied, explai submit to the Institution/Pa		, ,	•	•	Classification chrono, CDC 128, etc.) and nse.
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Note: Property/Funds appea	•	anied by a completed			CDC Appeal Number:
Board of Control form BC-1	E, Inmate Claim				
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First Level Case 3:07-cv-02434-JM	-NLS Document other iled 12	/26/2007 Page 45 of 82
E. REVIEWER'S ACTION (Complete within 15 w	vorking days): Date assigned:	Due Date:
Interviewed by:		
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Signature.		Date Submittee.
Second Level Granted P. Grante	ed 🗌 Denied 🔲 Other	
G. REVIEWER'S ACTION (Complete within 10 w	vorking days): Date assigned:	Due Date:
See Attached Letter		
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Signature:		Date Completed:
Warden/Superintendent Signature:		Date Returned to Inmate:
H. If dissatisfied, add data or reasons for requ response.	esting a Director's Level Review, and submit	by mail to the third level within 15 days of receipt of
	· · · · · · · · · · · · · · · · · · ·	
Signature:		Date Submitted:
For the Director's Review, submit all documents	to: Director of Corrections P.O. Box 942883 Sacramento, CA 94283-0001 Attn: Chief, Inmate Appeals	
DIRECTOR'S ACTION: Granted P.	Granted Denied Other	
CDC 602 (12/87)		Date:

Case 3:07-cv-02434-JM-NLS Document 1 Filed 12/26/2007 Page 46 of 82

* APPERE CORDINATOR - SINCE PROBLEMS IN INFORMAT COULD YOU

GIVE THIS APPEAR A LOG NUMBER BEFORE FORWARDING

AND SENS ME A COPY WITH THE LOB NUMBER.

LAMASRIS, S. P-98764 F4-20-126 LOW

PERSONAL PRODERTY VALUE OF APPROXIMATE 900.00 MY PERSONAL GLASSES, LEATHER TACKET (WILSON'S), 200. - POSTAL HONEY ORBER, WATCH, WALLET WITH PERSONAL PRODERTY. AMONG THEM IS EVISENCE FOR MY DEFENSE ON APPEAL OF B.P.H. SECISION FOR REVOCATION OF PAROLE, WHICH I NEED.

DFFICER FROM BORDER PATROL P. UHANERY, G. BOLANOS,

D. GONZALES AS WITNESSES TO MY MANING THIS PRODERTY

THE DAY OF ARREST, AT THE SAN YSIDED CROSSING ON 3-14-07

DIFFICULTY COMMUNICATING, DESCRIBING EFFECTIVELY

THE PROBLEM IN WRITING; PRIMARY LANGUAGE SPANISH.

ISSUES BECOME COMPOUND AND COMPLEX OVER PAST

5 MONTHS.

SPOKE TO P.O. D. TRISTAN OF C.V. PAROLE AFTER ITEARING. HE DID RETURN FIRST GOZ. I THEN PROCEEDED TO SEND TO APPEAR COORDINATOR, NEVER HEARD OF AGAIN.

A THIRD ATTEMPT THROUGH APPEACS
COORDINATOR IN REGION IV, CCIL K.E. THACKER.
RECEIVED JULY 5th. THIS ONE STARTED BY
WRITTING LETTER IN MAY, GOT RESPONSE AND
SENT A 1824 & GOZ ABOUT PROPERTY (WROTE
SAME ISSUE ON BOTH) ON JUNE 19. WHICH
I RECEIVED AS SAID ON JULY 5th. TO THIS BAY
(FRONT)

HAUR HAD NO RESPONSE FROM THAT APPEAL.

PROOF OF ALL PROPERTY I SPEAK ABOUT

WILL BE ON VISEO CAMERA WITH I.N.S.

BORDER PATROL IN SAN YSISRO, ON 3-14-07.

TO COMPLY WITH APPEAR TIMELINES PER

(RANG V CAMBRA (SEL NORTE SUPERIOR

COURT) CASE NOS. HCPBOO-5150 ANS SISTI

WRITH APPEAR FEB. 27, 2002

SENS ME FORM 1858 ANS BORD OF

CONTROL GOVERNENT CLAIM FORM (SBOC
GC-0002)

134211

B. FOTO REAL WANT PROPERTY PROCESSED

AS INTAKE IS COR 3075 WHEN IT GETE HIRE.

WITHIN TIME CONSTRAINTS, AND NOT STUCK SOME AND ELSE.

ELSE.

(BACK)

STATE OF CALIFORNIA

California Institution for Men

MEMORANDUM



APPEAL RESPONSE LEVEL:

SECOND LEVEL

DATE:

NOVEMBER 30, 2007

TO:

LAMADRID

CDC#:

P98764

APPEAL LOG #:

CIM-E-07-1665

APPEAL RESPONSE:

All appeal documents, your Unit Health Record (UHR), and applicable sections of the California Code of Regulations (CCR) Title 15, have been reviewed and considered.

While you were incarcerated at RJD, you submitted an appeal containing multiple issues. You requested to get all your allergy medications and psych medications. You requested to get cleared or get told why you're on medical hold. Additionally, you stated you have problems with your right index finger and lower back.

Your request was partially granted. You were informed that it is standard practice to prescribe medications up to 90 days so that a re-evaluation may be done. You were informed no medical hold was in effect. You were informed pain medication had been prescribed on 7-11-07.

You were dissatisfied and progressed to the Formal Level. You stated your right index finger is still broken. You stated the skin medication is wrong. You stated your psych meds are not right. You stated you need glasses.

Your appeal was partially granted. By this time you had been transferred to CIM, where you had been evaluated by the Mental Health Department and a medication plan was being developed. You had been seen by optometry prior to leaving RJD. You were informed a facility provider at CIM would see you regarding the rash and broken finger.

You progressed to the 2nd Level, stating the treatment plan for your mental issues need much improvement. You stated you need monitoring of Hep C. You stated you want all the items taken care of this year, but you don't see appointments coming.

Your movement history indicates you arrived at CIM on 9-29-07. Since that time, you have been seen multiple times for psychological evaluations, medical evaluations, and specialty evaluations as follows:

Psych evaluations were conducted on 9-15-07, 9-29-07, 10-18-07, 11-3-07, and 11-8-07. Medical evaluations were conducted on 9-21-07, 9-24-07, 10-9-07, 10-22-07, and 11-9-07. You were seen by specialty providers on 10-15-07, 10-29-07, and 11-27-07. As a participant in the Chronic Care Program (CCP), you are seen on a

X V

Page 2 . CIM-E-07-1665

monthly basis for evaluation with your primary care physician. Your most recent examination was done on 11-9-07, at which time allergy meds and instructions regarding the medication were given (no rash was evident upon examination). Pain meds were also prescribed. No recommendations were made regarding treatment for your right index finger.

On 11-29-07, you were interviewed regarding your appeal issues. You stated to the interviewer that your primary complaint is the problem with your right index finger. You stated you have limited mobility and pain due to incorrect healing.

The Chief Physician & Surgeon reviewed your case. It has been determined that a referral to orthopedics will be submitted for evaluation of the old fracture on the right index finger. The specialist will evaluate for surgical correction. Please be advised once the referral is submitted, approved, and processed, it will take several weeks before your appointment is scheduled. You will be scheduled as soon as possible and ducated to attend.

The CIM Medical Department is concerned for your health and well-being, and has acted appropriately in providing care and treatment. Your treating physician will continue to see you on a monthly basis and will address your medical issues as needed.

Pursuant to the following CCR, Title 15 sections, your medical needs have been handled in the appropriate manner.

- 3350 Provision of Medical Care and Definitions
- (a) The department shall only provide medical services for inmates which are based on medical necessity and supported by outcome data as effective medical care. In the absence of available outcome data for a specific case, treatment will be based on the judgment of the physician that the treatment is considered effective for the purpose intended and is supported by diagnostic information and consultations with appropriate specialists. Treatments for conditions which might otherwise be excluded may be allowed pursuant to section 3350.1(d).
- (b) For the purposes of this article, the following definitions apply:
- (1) Medically Necessary means health care services that are determined by the attending physician to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data as being effective medical care.
- (2) Outcome Study means the definition, collection and analysis of comparable data, based on variations in treatment, concerning patient health assessment for purposes of improving outcomes and identifying cost-effective alternatives.
- (3) Outcome Data mean statistics such as diagnoses, procedures, discharge status, length of hospital stay, morbidity and mortality of patients, that are collected and evaluated using science-based methodologies and expert clinical judgment for purposes of outcome studies.
- (4) Severe pain means a degree of discomfort that significantly disables the patient from reasonable independent function.
- (5) Significant illness and disability means any medical condition that causes or may cause if left untreated a severe limitation of function or ability to perform the daily activities of life or that may cause premature death.

CCR 3354. Health Care Responsibilities and Limitations

(a) Authorized Staff. Only facility employed medical staff, contractors paid to perform medical services for the facility, or persons employed by the facility as medical consultants shall be permitted to diagnose illness, prescribe medication and medical treatment for inmates. No other personnel are authorized to do so.

Page 3 CIM-E-07-1665

APPEAL DECISION: PARTIALLY GRANTED

Your appeal documents are attached.

S. Ghaly, MD
Chief Physician and Surgeon (A)
California Institution for Men

Chief Medical Officer/Health Care Mgr. (A)

California Institution for Men

First Level	Case 3:07-	CV-02434-J[X P Grant		Docume Denied	nt 1 Fi ☑ Other —	led 12/26	6/2007	Page	52 of 82	of the same and th	, .; - :
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See Attac								Date:			-
CDC 602 (12	/87)									自己	

INMATE APPEAL ROUTE SLIP

To: MED Date: September 13, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number RJD-4-07-02280 By Inmate LAMADRID, P98764

Please assign this appeal to appropriate staff for FIRST level response.

Appeal Issue: MEDICAL Due Date: 10/26/2007

Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

Inmate Appeals Coordinator Richard J. Donovan Correctional Facility CIM NOV 0 7 2007

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 23, 2007

LAMADRID, P98764 F42000000000126L

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

SEPARATE YOU ISSUES AND SUBMIT ONE ISSUE PER 602.

SIMPLE: EVERY THING IS IN MESON SCREENING ON 8-2-07

Appeals Coordinator Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

State of California CDC FORM 695 Screening For: CDC 602 Inmate/Parolee Appeals CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

July 18, 2007

LAMADRID. P98764 F42000000000126L



Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

MEDICAL

Appeals Coordinator Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

STATE OF CALIFORNIA-YOUTH AND ADULT CORRECTIONAL AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF CORRECTIONS AND REHABILITATION PAROLE REGION IV HEADQUARTERS OFFICE OF THE APPEALS COORDINATOR 21015 PATHFINDER ROAD SUITE 200 DIAMOND BAR, CA 91765 (909) 468-2300



August 24, 2007

To: La Madrid, Diego P98764

Richard J. Donovan Correctional Facility

P.O. Box 799006

San Diego, CA 92179-9005

Mr. La Madrid,

I am in receipt of your letter requesting your informal level response and property. I do not receive copies of the informal level responses. Your response should be sent directly to you from the parole office. In addition, you have not told me who took your property. The only information you have provided is that US Customs took your property, so why do you assume that the parole agent has your property. You have failed to provide me with the information I have requested.

The parole office will not send your property to R&R. If they have your property it will be returned to you upon your release. I sent you the address to contact US Customs on June 5, 2007 regarding disposition of your property. Have you attempted to contact them? With the information you have provided me, that your property was taken by the Border Patrol, there is no further assistance I can give you. You need to contact US Customs at the address I provided you with on June 5, 2007

US Customs and Border protection 610 W. Ash Street Suite 1200

San Diego, CA 92101

K.E. Thacker

Parole Agent II, Appeals Coordinator

Region IV Parole Headquarters

Page 57 of 82

State of California CDC FORM 695 Screening For:

AUG 2 1 2007

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764 RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints: and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Your appeal has been forwarded to Chula Vista I for an informal response.

Appeals Coordinator

Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

Document 1 Filed 1/2/26/2007 Page 58 of 82

RECEIVED

INMATE/PAROLEE
APPEAL FORM CDC 602 (12/87)

Location: Institution/Parole Region Log No.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification

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you are dissatisfied, explain below, attach supporting ubmit to the Institution/Parole Region Appeals Coord	dinator for processing within 15 d	ays of receipt of respons	se.
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Staff Signature:		Date Ret	urned to Inmate:
Staff Response:		···	
C. INFORMAL LEVEL (Date Received:)		
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State of California CDC FORM 695 Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

June 26, 2007

LAMADRID, P98764

RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

This is not an ADA appeal; this is a duplicate appeal of the issue forwarded to Chula Vista I for an informal response.

Appeals Coordinato Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

STATE OF CALIFORNIA

REASONABLE MODIFICATION OR **ACCOMMODATION REQUEST** CDC 1824 (1/95)

	IN E DEPARTME	NT OF CORRECTION
NSTITUTION/PAROLE REGION:		CATEGORY:
	JUN 2 5 200	18. ADA

REGION IV APPEALS

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, i under, the Americans With D	t will be verified that the in Disabilities Act.	nmate/parolee has .	a disability which is co	vered
INMATEPAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING 74-20-1264
In accordance with the provisions of the shall, on the basis of disability, be excluded programs of a public entity, or be subjected. You may use this form to request specify you to participate in a service, activity or proposed in a service, activity or propos	ad from participation in, and to discrimination. Ific reasonable modification or facility's Appearation of facility's Appearation of facility or facility of facility or facility	or be denied the tion or accommod pepartment/instituals Coordinator's lice and the comprue further review aroles Appeal For 's Office within 15	benefits of the service dation which, if grant ation/facility, for which office. A decision which detect form will be retailed. The decision rend of (CDC 602) and cordays of your receipt	ials with a disability es, activities, or ed, would enable th you are otherwise lill be rendered urned to you. ered on this form aplete section "F" of the decision
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PERSON WITHIN 42 U.S.C.	HAUS SISABUL	TS'C LIENDA	MARAMANTE	ntar
SUSTANTIALLY LIGHT HATO WHAT VERIFICATION DO YOU HAVE OF YOU LN C-FILE	OUR DISABILITY?	E ACTIVITIES		

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REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95)

, ,	REVIEWER'S ACTION		
TYPE OF ADA ISSUE	DATE ASSIGNED T	O REVIEWER:	
PROGRAM, SERVICE, OR ACTIVITY ACCE Auxiliary Aid or Device Requested Other		odification)	
PHYSICAL ACCESS (requiring structural mo	odification)		
DISCUSSION OF FINDINGS:			
		·	
DATE INMATE/PAROLEE WAS INTERVIEWED	PERSO	N WHO CONDUCTED INTERV	/IEW
DISPOSITION GRANTED	DENIED PA	RTIALLY GRANTED	
BASIS OF DECISION:			
NOTE: If disposition is based upon information proving provided. If the request is granted, specify the process	ided by other staff or other res ss by which the modification or	ources, specify the resource an accommodation will be provide	nd the information ad, with time
frames if appropriate. DISPOSITION RENDERED BY: (NAME)	TITLE	INSTITUTION/F	
	APPROVAL		
ASSOCIATE WARDEN'S SIGNATURE	DATE SIGN	IED	
DATE BETU	IRNED TO INMATE/PAROLEE		

STATE OF CALIFORNIA-YOUTH AND ADULT CORRECTIONAL AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF CORRECTIONS
PAROLE REGION IV HEADQUARTERS
OFFICE OF THE APPEALS COORDINATOR
21015 PATHFINDER ROAD SUITE 200
DIAMOND BAR, CA 91765
(909) 468-2394

RECEIVED
JUN 2 5 2007



REGION IV APPEALS

June 5, 2007

To: La Madrid, Diego #P98764

Richard J. Donovan Correctional Facility

P.O. Box 799006

San Diego, CA 92179-9005

Re: Property

Mr. La Madrid,

I received the copy of the letter you mailed regarding your request for information regarding your property, your wallet, glasses and other items not specifically mentioned. You mention that your property was taken by Customs. US Customs is not under the jurisdiction of the Division of Adult Parole Operations and I am unaware of their procedures regarding personal property.

Were you transported to a county jail facility by Customs? If so, did your property accompany you? Did the Custom's Agent ask you what you wished to have done with your property? With the information you provided, it seems as though Customs had control of your property and you need to contact them regarding the location and or disposition of your property.

In addition, this office does not have a record of a CDC 602 Inmate/Parolee Appeal for you regarding your property issue.

K.E. Thacker

Parole Agent II, Appeals Coordinator

Region IV Parole Headquarters

Case 3:07-cv-02434-JM-NLS Document 1

Filed 12/26/2007 (Page 63 of 82 MAY 3 0 2007

REGION IV APPEALS MY CROSSING OLASSES' E RESPONSE OF DRESS 2901 THE RESPONSE SENT 4-23-07

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610

State of California CDC FORM 695 Screening For: CDC 602 Inmate/Parolee

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

November 16, 2007

LAMADRID, P98764 RJD

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

#### Failed to meet time limits.

There has been too great a time lapse between when the action or decision occured and when you filed your appeal, with no explination of why you did not, or could not, file in a timely manner. Per CCR 3084.6(c) Appealent must submit the appeal within 15 working days of the event or decision.

#### Mr. LaMadrid,

You first appeal received on this issue was on June 25, 2007. You were arrested on March 15, 2007. The time limits for filing an appeal have expired. As stated at the informal level, you will receive your property when you are released.

Appeals Coordinato Region IV DAPO

**NOTE:** Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

m184 178

## APPEAL ROUTING SLIP

Date: 10/18/07	
Parolee/Inmate Name: La Madrid CDC	#: <u>P98764</u>
Log#: MIA	
TO:	RECEIVED NOV 1 4 2007
Appeals Coordinator	REGION IV APPEALS
Parole Complex Appeal Representative	
Agent of Record	
Case Records South	f) '12
FROM: K. Thacker, Region IV Parole Appeals Coordinator 21015 Pathfinder Road, Suite 200, Diamond Bar, CA 9 Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337	1765
Please assign to staff for review at	level response.
Please route original response to inmate/parolee.	
Copy attached for C-File.	
☐ Copy attached for your records.	

STATE OF CALIFORNIA—YOUTH AND ADULT CORRECTIONAL AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF CORRECTIONS AND REHABILITATION PAROLE REGION IV HEADQUARTERS OFFICE OF THE APPEALS COORDINATOR 21015 PATHFINDER ROAD SUITE 200 DIAMOND BAR, CA 91765 (909) 468-2300

RECEIVED

NOV 1 4 2007



October 17, 2007

To:

La Madrid, Diego P98764 California Institution for Men P.O. Box 500 Chino, CA 91708

### Informal Response

Mr. La Madrid.

I am in receipt of your CDC 602 requesting your informal level response and property. The Region IV Appeals Office does not receive copies of the informal level responses. I contacted your assigned parole agent, Agent Lamar and was informed that he responded to your appeal and sent the response to you at RJD. The parole unit did not have a copy of the informal level response. Agent Lamar stated that your property is currently at the parole office. According to the inventory receipt that was completed by Agent Tristan, the property includes your glasses and the \$200 money order. The property is sealed and has not been opened.

The parole office will not send your property to the Institution. You property is at the Chula Vista Parole Complex and it will be returned to you upon your release. Another option you have is to write a letter to you agent instruction, him to release your property to a family member. You can have the designated family member report to the Chula Vista I Parole Unit and with proper identification; your property can be released to that individual.

I contacted R&R at CIM on October 17, 2007 and was informed that they would not accept your property and it would be returned to the parole office. The only property R&R will accept is parole dress outs 30 days prior to your release. I was also informed that in order to get glasses sent in to the institution, you would need to be seen by medical and given a prescription. You could then send the prescription out to your family and they could purchase a pair of glasses and have them sent to the Institution.

C : 1-10

K.E. Thacker

Parole Agent II, Appeals Coordinator

CEVERage 68 of 82 Case 3:07-cv-02434-JM-NLS Document 1 STATE OF CALIFORNIA NOV 1 4 2007 **DEPARTMENT OF CORRECTIONS** INMATE/PAROLEE 1 2 2007 Location: Institution/Parole Region Category APPEAL FORM CDC 602 (12/87) You may appeal any policy action of decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly. NAME NUMBER ASSIGNMENT UNIT/ROOM NUMBER La Madrid , Diego H. P-98764 NA MIEH 175 This is a 1824 appeal because of my glasses that are in the propety taken at the time of the arrrest. This is the 5th try. Have been in communication with the appeals coordinator of region IV headquarters (K.E. Thacker agent II) also from R.J.D. appeals coordinator regarding this issue. There is now a money order that is no good since a year has gone bymaking it a 3084.7(e) lost or damaged personal property appeal. The money oder is for 200.00 from a post office. LACK OF MY GLASSES PUT ME IN ARMSTRONG (FED.) THAT IS WHY IT CAN BE A 1824 appeal form. Any questions about it call Attory A. mannia at ROSEN. BIEN & GALVAN Tel. (415) 433-6830 If you need more space, attach one additional sheet, Please send me a copy and give me an update of the previous 602 on this same B. Action Requested: matter. If you do/can get my property for it to be mail to me here at CIM; or to R & R . 10/10/07 Inmate/Parolee Signature: Date Submitted: C. INFORMAL LEVEL (Date Received: Date Returned to Inmate: 1011810 Staff Signature: D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. Partially granted: NO 1) Up to now answer about my glasses will not be for appox. 4 to 6 mo.. 2) Money Order from Post Office are no good after a year. 3) Addresses that are in walletneeded for court evidence for responce ofparole revocation. 4)Daughter's address(in IRAQ) in property. So figure out some way to get it done There must be another way/person that can do this. Please returen to me a copy at every level. All SEND HE COPY ALSO OF COMPLETE APACAC. these have solutions.

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

Signature:

CDC Appeal Number:

Date Submitted: _

10/29/07

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State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RECEIVED
NOV 1 4 2007

REGION IN AFFERIL

RE: Screening at the FIRST Level

September 11, 2007

*LAMADRID*, *P98764 RJD* 

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

Mr. LaMadrid,

Thank you for the information stating that your prior parole agent informed you that he has your property. This is a CDC 602 issue and not an ADA issue. Your appeal from June 26, 2007 was forwarded to the parole unit for an informal response. This is a duplicate appeal issue. I will contact the parole unit to inquire when your previous appeal was completed. If you are dissatisified with the informal level response please complete section D and return the appeal to Region IV Headquarters.

Appeals Coordinator Region IV DAPO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

.Case 3:07-cv-02434-JM-NLS Document 1 Filed 12/26/2007 Page 71 of 82 STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS INSTITUTION/PAROLE REGION: LOG NUMBER: CATEGORY: REASONABLE MODIFICATION OR VED **ACCOMMODATION REQUEST** 18. ADA CDC 1824 (1/95) NOV 1 4 2007 RECEIVED NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES REGION IV APPEALS SEP 1 0 2007 In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. REGION IV APPEALS INMATE/PAROLEE'S NAME (PRINT) **CDC NUMBER ASSIGNMENT HOURS/WATCH** HOUSING E4-20-12620 NA In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination. You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate. Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review. To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form. Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form. If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602. MODIFICATION OR ACCOMMODATION REQUESTED DE h

DESCRIPTION OF DISABILITY:	
WITHIN 42 U.S.C. 12102, APMSTRONG, COLF	MAN.
WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?	
DESCRIBE THE PROBLEM: THIS IS 5th TIME TRING TO RES	SOLUE 3.14.07 ISSUE. A.O. TRISTAM
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# REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95)

REVII	EWER'S ACT	ION	
TYPE OF ADA ISSUE	DATE ASSIG	NED TO REVIEWER	li .
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Auxiliary Aid or Device Requested Other		Tr.	
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PHYSICAL ACCESS (requiring structural modification	ion)	A Comment of the Comm	
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DATE INMATE/PAROLEE WAS INTERVIEWED  DISPOSITION  GRANTED  DENI		PERSON WHO COND	RANTED
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frames if appropriate. DISPOSITION RENDERED BY: (NAME)	TITLE		INSTITUTION/FACILITY
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ASSOCIATE WARDEN'S SIGNATURE	APPROVAL DAT	E SIGNED	
ASSOCIATE WARDERS SIGNATURE			
DATE RETURNED	TO INMATE/PA	ROLEE	

## CDC 602 INMATE APPEALS SCREENING FORM

To: Lamadrid CDC#: P98764 Housing: MIS	+175C Appeal Log#:
YOUR APPEAL IS BEING RETURNED TO YOU FOR TH	E FOLLOWING REASON(S):
□ The action or decision you are appealing is not within the jurisdiction of CDC. (Of the BPH 1040 appeal process is no longer utilized. Issues concerning due revocation, attorney or witness requests, early discharge, or good cause findin types of appeal issues may now be forwarded to the courts asking them □ Issue(s) concerning BPH clerical mistakes, mandatory discharge, credit elig rules of law may be addressed via a letter to the BPH Quality Control Unit, P □ You may submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit and the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit and the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the BPH Trailers at the submit a GA-22 Request for Interview Form to the submit a GA-22 Request for Interview Form to the submit a GA-22 Request for Interview Form to the submit a G	process, grant or denial of parole, parole gs for hearings cannot be appealed. These is to change the BPH action or decision. ibility during revocation terms, or other BPH O Box 4036, Sacramento, CA 95812-4036 the RCE Facility.
You have already submitted an appeal on this same issue. CCR 3084.3(c)(2).	Cim-m-07-01416
You cannot appeal an anticipated action or decision not yet taken. CCR 3084.3	(c)(3)
You have not attempted to resolve your grievance at the Informal Level. CCR 3  Counselor	g & Release
CDC-7362 (Health Care Request). & Trust statement with co-pay charge CDC-128G Cla	☐ All CDC-837 Incident Reports  128G ICC/UCC Action ☐ Current Trust Statement  /128B General/128C Med/Psych/Dental
You failed to file your appeal within 15 working days of the event or decision. Th	e appeal is rejected. CCR 3084.3(c)(6)
☐ This issue has been addressed already. See attached correspondence. CCR 30	
You are abusing the appeal process. Your appeal is therefore rejected/cancelled.  Excessive filing CCR 3084.4(a) Inappropriate statements CCR 3084.4(b)  Voluminous unrelated documentation, CCR 3084.3 (c)(8) Lack of cooper	d. CCR 3084.3(8)  Excessive verbiage CCR 3084.4(c)  ration CCR 3084.4(d)
You are not authorized to submit an appeal on behalf of another inmate(s). CCF	R 3084.3(c)(7)
☐ This appeal was resolved at a lower level. If you disagreed with the decision, received your appeal to file at a higher level. CCR 3084.6(c)	you had 15 working days from when you
Submit your request on a CDC-7362 (Health Service Form) and send it to the M	edical Department for an appointment.
☐ A limit of one continuation page, front and back, may be attached to the a requested in section A and B of the form. CCR 3084.2(a)(1)	ppeal to describe the problem and action
You have failed to demonstrate an adverse effect on your welfare. CCR 3084.10	7 9 15 9 7 1 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2
Remark(s)	1 COOT
	NOV 1 4 2007
	REGION IV ROPEALS
☐ Please correct the indicated problems and return your appeal.	Screened Out # / Date: /0/4/07
Note: Failure to follow instruction(s) given by Appeals Staff will be viewed as a lack of cooperation or your part and your appeal will be cancelled pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reason is inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have 15 days to comply with any of the above directives. CCR 3084.3(c)(6)	of J. Chury SIA

Case 3:07-cv-02434, IM-NLS Document 1 Filed 12/26/2007 Page 74 of 82
RECEIVED
No. 1
INMATE/PAROLEES/0#2 Duplicate DUDLICATE APPEAL
APPEAL FORM CON-M-07-101416 DUPLICATE AFRICATION IV APPEALS need
You may appeal any policy, action of decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.
MANUAL AND
A. Describe Problem: SUBMITTED 1824 TOK GLASSES, KELEIVES NOTIFI -
OPHTHALMOLGY LESS THAN 60 DAYS AGO ON 7-24-07 IN
R.J.D. WHY NEED OF ANOTHER TEST? THIS DONE BY C.
COLLIER, MESICAL APPEARS ANALYST IN C.I.M. EYE SIGHT CARY
NOT CHANGE MUCH IN TIME THAT HAS DAST. I AM DARTOF
COLEMAN AND MEMSTRONG.
If you need more space, attach one additional sheet.
B. Action Requested: You HAUF THE RESOLTS OF TEST IN R. J.D., GET ME THE
GLASSES. RATSE SUSPENDES 1824, CONTINUE TIME CONSTRAINTS.
MAKE ACORY FOR ME. SENDOLIGINACS WHERE SUPPOSE AND SEND ME
THE COPY. // //
Inmate/Parolee Signature: Vogo for Mucket Date Submitted: \$\(25\)\(\)
C. INFORMAL LEVEL (Date Received:)
Staff Response:
DUPLICATE APPEAL
TOTAL ALFEAL
· · · · · · · · · · · · · · · ·
Staff Signature: Date Returned to Inmate:
D. FORMAL LEVEL  If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.
DUPLICATE APPEAL
Signature: Date Submitted:
Note: Property/Funds appeals must be accompanied by a completed  CDC Appeal Number:  Board of Control form BC-1E, Inmate Claim
25.25. State

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### **INMATE CDC1824 APPEAL** NOTICE OF SUSPEND STATUS

RECEIVED NOV 1 4 2007

Date: 9-21-07

REGION IV APPEALS

**LAMADRID** CDC#: P98764 Name:

Appeal Log #: CIM-M-07-1416. Orig. Due Date 10-03-07

You have submitted a CDC1824 Inmate/Parolee Request for Reasonable Accommodation. Per the Armstrong Remedial Plan Section I.23.C -Medical Verification Process, appeal time limits have been suspended. The original due date is no longer valid for this appeal and will be recalculated after your consultation takes place. You will receive notice from the Institutions Appeals Coordinator of the new due date. Your treating physician has referred you to an expert consultant for:

 $\boxtimes$ Verification of disability and/or need of requested device: (GLASSES) For evaluation with the **OPHTHALMOLOGY** specialist.

at CIM-MSF Consult Clinic in approximately 4-6 WEEKS.

Please be advised that referrals to specialists for on-site care are made in order of receipt and are held in the CIM MSF Consult Clinic. You are expected to cooperate with all efforts to verify your claimed disability. Your failure to cooperate will result in your appeal being cancelled. The rule governing this is Title 15, Section 3084.4 (d) - Lack of Cooperation.

COMMENTS: FOR YOUR CONVENIENCE, READING GLASSES MAY BE OBTAINED IN THE CANTEEN OR CLINIC. MAGNIFIED READERS ARE AVAILABLE FOR USE IN THE LIBRARY

C. Collier, Medical Appeals Analyst California Institution for Men

Origa Inmate Inst. Appeals Coordinator Medical Appeals Analyst

cc:



State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 29, 2007

LAMADRID, P98764

RJD

20-1266

Log Number: REGIV-I-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

Mr. LaMadrid,

Your appeal has been forwarded to the Chula Vista 1 parole unit for an informal level response.

Appears Coordinator Region IV DAPO

Region IV DAFO

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

## APPEAL ROUTING SLIP

Date: 8/29/07
Parolee/Inmate Name: La Madrid CDC#: P987641
Log#: MIA
TO: Unit Supervisor - Chula Vista I
Appeals Coordinator
Parole Complex Appeal Representative
Case Records South
FROM: K. Thacker, Region IV Parole Appeals Coordinator 21015 Pathfinder Road, Suite 200, Diamond Bar, CA 91765 Phone: (909) 468-2300 ext. 302 Fax: (909) 468-2337
Please assign to staff for review at Mevel response.
Please route response to inmate/parolee.
☐ Copy attached for C-File.
☐ Copy attached for your records.
Return completed response to appella

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D. FORMAL LEVEL  If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) an submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.  Signature:  Date Submitted:  Note: Property/Funds appeals must be accompanied by a completed  CDC Appeal Number:						
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If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) an submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.  Signature:  Date Submitted:  Note: Property/Funds appeals must be accompanied by a completed  CDC Appeal Number:	Staff Signature:				Date Retur	ned to inmate:
Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:	If you are dissatisfied, explain be					
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Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:	Signature:				ים	ete Submitted:
Board of Control form BC-1E, Inmate Claim	Note: Property/Funds appeals m	nust be accompa				
	Board of Control form BC-1E, Inc	mate Claim				per a ser a company of the desired from the second period of the second second second second second

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REVIEWER'S ACTION (Complete within 15 working days): Date assigned:	Due Date:
nterviewed by:	
^	
Staff Signature: Title:	Date Completed:
Division Head Approved:	Returned
Signature: Title:	Date to Inmate:
Signature:	Date Submitted:
Second Level Granted P. Granted Denied Other	
3. REVIEWER'S ACTION (Complete within 10 working days): Date assigned:	
☐ See Attached Letter	•
Signature:	_ Date Completed:
Narden/Superintendent Signature:	Date Returned to Inmate:
H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to t response.	he third level within 15 days of receipt o
·	
	•
Signature:	Date Submitted:
For the Director's Review, submit all documents to: Director of Corrections P.O. Box 942883 Sacramento, CA 94283-0001 Attn: Chief, Inmate Appeals	
DIRECTOR'S ACTION:  Granted  P. Granted  Denied  Other  See Attached Letter	
CDC 602 (12/87)	Date:

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*** APPEAR COORDINATOR - SINCE PEOBLEMS IN INFORMATE COULD YOU

GIVE THIS ADDEAR A LOG NUMBER BEFORE FORWARNING

AND SENS HE A COPY WITH THE LOG NUMBER.

LAMADRID, D. P-98764 F4-20-126 LOW

PERSONAL PRODERTY VALUE OF APPROXIMATE 900.00

PERSONAL PRODERTY VALUE OF APPROXIMATE 900.00 MY PERSONAL GLASSES, LEATHER JACKET (WILSON'S), 200. - POSTAL HONEY ORBER, WATCH, WALLET WITH PERSONAL PRODERTY. AHONG THEM IS EVISENCE FOR MY DEFENSE ON APPEAL OF B.P.H. SECISION FOR REVOCATION OF PAROLE, WHICH I NEED.

DFFICERS FROM BURDEL PATROL P. UHANSKY, G. BOLANOS,

D. GONZALES AS WITNESSES TO MY MANING THIS PROPERTY

THE DAY OF ALREST, AT THE SAN YSISCO CROSSING ON 3-14-07

DIFFICULTY COMMUNICATING, DESCRIBING EFFECTIVELY

THE PLOBLEM IN WRITING; PRIMARY LANGUAGE SPANISH.

ISSUES BECOME COMPOUND AND COMPLEX OVER PAST

5 MONTHS.

SPOKE TO P.O. D. TRISTAN OF C.V. PAROLE AFTER HEARING. HE DID RETURN FIRST GOZ. I THEN PROCEEDED TO SEND TO APPEAR COORDINATOR, NEVER HEARD OF AGAIN.

A THIRD ATTEMPT THROUGHT APPEACS
COORDINATOR IN REGION IV, CCIL K. E. THACKER.
RECEIVED JULY 5th. THIS ONE STARTED BY
WRITTING LETTER IN MAY, GOT RESPONSE AND
SENT A 1824 & GOZ ABOUT PROPERTY (WROTE
SAME ISSUE ON BOTH) ON JUNE 19. WHICH
TRECEIVED AS SAID ON JULY 5th. TO THIS DAY
(FRONT)

HAUE HAD NO RESPONSE FROM THAT APPEAL.

PROOF OF ALL PROPERTY I SPEAK ABOUT

WILL BE ON VISEO CAMERA WITH I.N.S.

BORDER PATROL IN SAN YSISRO, ON 3-14-07.

TO COMPLY WITH APPEAR TIMELINES PER

(RANG V CAMBRA (SEL NORTE SUPERIOR

COURT) CASE NOS. HCPBOO-5150 ANS 5151

WRITHMBEAS COMPUS DATED FEB. 27, 2002

SEND ME FORM 1858 AND BORDS OF

CONTROL GOVERNENT CLAIM FORM (SBOC
GC-0002)

A. PETIL

B. POTO WANT PROPERTY DROCESSED

AS INTAKE IS COR 3075 WHEN IT GETE HERE.

WITHIN THE CONSTRAINTS, AND NOT STUCK SOME OFFICE

ELSE.

(BACK)